FORM'D. UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVE FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number: 3235-0076

April 30, 2008 Expires:

Estimated average burden Hours per response: 16.00

SEC USE ONLY



UNIFORM LIMITED OFFERING EXEMPTION					
Name of Offering (check if this is an amendment and name has changed, and indicate change Sanford C. Bernstein & Co. Delaware Business Trust: Bernstein Tax-Managed Global Style Blend Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	Series				
	14(0) 🔲 OLOE				
Type of Filing: New Filing Amendment					
A. BASIC IDENTIFICATION DATA					
Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)					
Sanford C. Bernstein & Co. Delaware Business Trust					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
1100 Market Street, Wilmington, Delaware 19890 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	(302) 429-1546				
(if different from Executive Offices)	Telephone Number (Including Area Code)				
(it different from bivecutive offices)	PROCESSED				
Brief Description of Business To operate as a Delaware Business trust.	APR 1.7 2006				
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	r (please specify): I HUMSON FINANCIAL				
Actual or Estimated Date of Incorporation or Organization: Month Year 07 97	☑ Actual ☐ Estimated				
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State: <u>DE</u>				
GENERAL INSTRUCTIONS Federal:					

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following: o				A. BASIC IDEN	TIFICATION DATA		
o Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: o Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and o Each general and managing partner of partnership issuers. Check Box(es) that Apply:	2.	Ent	er the information requested for t	he following:			
of the issuer: o Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and o Each general and managing partner of partnership issuers. Check Box(es) that Apply:		o	Each promoter of the issuer, if t	he issuer has been organized	within the past five years;		
O Each general and managing partner of partnership issuers. Check Box(es) that Apply:		o		ne power to vote or dispose, o	or direct the vote or disposition	n of, 10% or more o	f a class of equity securities
Check Box(es) that Apply:		o	Each executive officer and direct	ctor of corporate issuers and o	of corporate general and mana	ging partners of par	tnership issuers; and
Full Name (Last name first, if individual) Wilmington Trust Company Business or Residence Address (Number and Street, City, State, Zip Code) 1100 Market Street, Wilmington, DE 19890 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Investment Manager Full Name (Last name first, if individual) Alliance Capital Management L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1345 Avenue of the Americas, New York, New York 10105 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)		o	Each general and managing par	tner of partnership issuers.			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check 1	Box(es	s) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 1100 Market Street, Wilmington, DE 19890 Check Box(es) that Apply:	Full Na						
Check Box(es) that Apply:	Busines	s or R	esidence Address (Numb		Code)		
Alliance Capital Management L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1345 Avenue of the Americas, New York, New York 10105 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)	Check I				Executive Officer	Director	
Check Box(es) that Apply:		Alli ss or R	ance Capital Management L.P. esidence Address (Numb		o Code)		
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check 1				Executive Officer	Director	General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)		•		_	_	_	Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Na	me (L	ast name first, if individual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Busines	s or R	esidence Address (Numb	per and Street, City, State, Zip	Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check i	Box(e	s) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)	Full Na	me (L	ast name first, if individual)				
Managing Partner Full Name (Last name first, if individual)	Busines	s or R	esidence Address (Numb	er and Street, City, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·
	Check	Box(e	s) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Na	me (L	ast name first, if individual)				
	Busines	s or R	esidence Address (Numb	per and Street, City, State, Zip	Code)		
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					В.	NFORMA	TION ABO	OUT OFFE	RING				
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	persons	to be liste	d are associ	ated persor	is of such	a broker or	dealer, you	may set fo	orth the info	rmation fo	r that broke	er or dealer	only.
	· ·		, if individu		<u> </u>				····				
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Full Na	me (Last	name first	, if individu	ıal)	<u></u>								
Busines	s or Resi	idence Ado	lress (Numi	per and Stre	eet, City, S	tate, Zip C	ode)						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$0	\$()
	Equity	\$0	\$()
	[] Common [] Preferred			
	Convertible Securities (including warrants)	\$0	\$()
	Partnership Interests.	\$0	\$()
	Other (Delaware Business Trust Interest)	\$10.000,000,000	\$3	391,826,689
	Total	\$10,000,000,000	\$:	391,826,689
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offer amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		nd th	e
		Number Investors	F	Aggregate Dollar Amount of Purchases
	Accredited Investors	56	\$3	91,826,689
	Non-accredited Investors	0	\$0	
	Total (for filing under Rule 504 only)		\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offertype listed in Part C - Question 1.	ering. Classify securi		by
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$
	Regulation A		_	\$
			_	
	Rule 504			\$
			_	\$ \$
4.	Total	ct to future contingen		
1.	Total	ct to future contingen mate.		
1 .	Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate.	ct to future contingen mate.	cies	. If
4 .	Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the	ct to future contingen mate	cies]	\$0 \$0
1.	Total	ct to future contingen mate. [cies	\$0 \$*
1.	Total	ct to future contingen mate. [[]	cies	\$0 \$* \$*
4.	Total	ct to future contingen mate	cies x j	\$0 \$* \$* \$*
4.	Total	ct to future contingen mate	cies	\$0 \$* \$* \$* \$\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Indicate below the amount of the adjusted gross proceeds purposes shown. If the amount for any purpose is not kn estimate. The total of the payments listed must equal the C - Question 4.b above.	own, furnish an esti	mate:	and cl	neck the box to	the left	of the	e o Part
				Payments t Officers, Directors, a Affiliates	&		Payments to Others
Salaries and fees	***************************************	[]	\$	[]	<u>\$</u>
Purchase of real estate		[]	\$	[]	\$
Purchase, rental or leasing and installation of machinery	and equipment	[]	\$	[]	\$
Construction or leasing of plant buildings and facilities	***************************************	[]	\$	[]	\$
Acquisition of other businesses (including the value of so involved in this offering that may be used in exchange fo securities of another issuer pursuant to a merger)	or the assets or	Į]	<u>\$</u>	1]	\$
Repayment of indebtedness		[]	<u>\$</u>	(]	\$
Working capital		[1	\$	[]	\$
Other (specify): Investment Capital		[]	\$	[x]	\$10,000,000,000
Column Totals Total Payments Listed (column totals added)		[]	\$[x	[] <u>\$10,0</u>	x] 000,00	\$10,000,000.000
	D. FEDERAL SIG	GNAT	URE				
he issuer has duly caused this notice to be signed by the und gnature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer to any non-accredited inve	o the U.S. Securities	s and I	Excha	nge Commissi	on, upor	l unde writt	er Rule 505, the following en request of its staff, the
suer (Print or Type)	Signature			11		I	Date
anford C. Bernstein & Co. Delaware Business Trust: ernstein Tax-Managed Global Style Blend Series			/	she			3/28/06
anie of Signer (Print or Type)	Title of Sig	gner (I	rint o	or Type)			•
lames J. Posch	Secre Partne	tary r of A	of Alliance C Alliance Capi	Capital N tal Man	/lanag agem	gement Corporation, the ent L.P., the Investme	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the dersigned duly authorized person.
Iss	uer (Print or Type) Signature Date
Sa	nford C. Bernstein & Co. Delaware Business Trust:

Title (Print or Type)

Manager

Assistant Secretary of Alliance Capital Management Corporation, the

General Partner of Alliance Capital Management L.P., the Investment

E. STATE SIGNATURE

Instruction:

Bernstein Tax-Managed Global Style Blend Series

Name (Print or Type)

James J. Posch

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

SANFORD C. BERNSTEIN & CO. DELAWARE BUSINESS TRUST: BERNSTEIN TAX-MANAGED GLOBAL STYLE BLEND SERIES

	2		NSTEIN TAX-	WIANAGED	GLUBAL ST	TE BLEND	SEKIES		5
,	Intend to non-acc invest Sta (Part B-	o sell to redited ors in	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Trust Interests \$10,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		X	x	1	\$3,000,000	0	0		
AK									
AZ									
AR							;		
CA		X	X	23	\$125,894,818	0	0		
СО		Х	X	1	\$3,000,000	0	0		
CT		Х	Х	1	\$3,000,000	0	0		
DE					_				
DC								·	
FL		Х	X	9	\$45,134,623	0	0		
GA		X	X	I	\$3,011,059	0	0		
НІ		:							
ID									
1L	1	Х	X	5	\$15,510,835	0	0		<u> </u>
IN									
IA									
KS		<u></u>							
KY									
LA									
ME	ļ .								
MD									
MA		Х	Х	1	\$3,009,447	. 0	0		
MI					·				
MN		Х	X	5	\$15,855,749	0	0		
MS									
МО		Х	X	1	\$3,002,042	0	0		
MT									

APPENDIX

SANFORD C. BERNSTEIN & CO. DELAWARE BUSINESS TRUST: BERNSTEIN TAX-MANAGED GLOBAL STYLE BLEND SERIES

1	7 2		NSTEIN TAX-	WIANAGED	GLOBAL ST	ILE DLEND	SERIES		5		
·	Intend to non-acc invest Sta	o sell to credited ors in ate	Type of security and aggregate offering price offered in state	Type of	Type of investor and amount purchased in State						
	(Part B-	Item 1)	(Part C-Item 1)		(Part C-Ite	(Part I	E-Item 1)				
State	Yes	No	Trust Interests \$10,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
NE											
NV		X	X	1	\$4,208,613	0	0				
NH								<u>. </u>			
NJ		X	X	5	\$16,200,000	0	0				
NM	<u> </u>								ļ——		
NY		X	X	18	\$76,747,133	0	0	·			
NC		X	Х	1	\$3,000,000	0	0				
ND									_		
ОН											
ОК											
OR											
PA	<u> </u>	Х	Х	2	\$6,001,726	0	0				
RI		<u> </u>									
SC											
SD											
TN					·-··						
TX		X	X	8	\$41,388,706	0	0		ļ		
UT											
VT											
VI		х	X	1	\$9,460,000	0	0				
VA		X	X	1	\$4,000,000	0	0				
WA					.						
WV											
WI		X	X	2	\$10,401,938	0	0				
WY											
PR			Į.								